

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33595
Registrar's No. 9466

FILED NOV 10 1943
Registration District No. 818

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
928 South Kingshighway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Theodora Thieret

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Gladys Thieret 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 11, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 15 hr. min.

9. Birthplace Perry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business

12. Name Martin Thieret

13. Birthplace New York /
(City, town, or county) (State or foreign country)

14. Maiden name Julia Conway

15. Birthplace Missouri /
(City, town, or county) (State or foreign country)

16. (a) Informant August H. Thieret

(b) Address 4163a Castleman Ave.

17. (a) Burial (b) Date thereof Oct. 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) OCT 27 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 928 S. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1943 hour 5 minute 0 A.M.

21. I hereby certify that I attended the deceased from
19 to 19;

that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Chronic Interstitial Nephritis;
Chronic Hypertrophic Myocarditis.

Due to.

Due to.

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

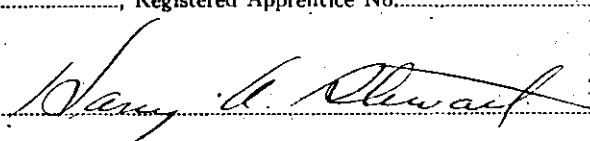
While at work? (Specify type of place) (e) Means of injury

23. Signature Alfred J. Perry (M. D. or other)
Address Date signed 10/27/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.